

PREA Facility Audit Report: Final

Name of Facility: Adelphoi Village Hilltop Supervised Independent Living

Facility Type: Juvenile

Date Interim Report Submitted: 07/25/2022

Date Final Report Submitted: 11/07/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Farooq Mallick	Date of Signature: 11/07/2022

AUDITOR INFORMATION	
Auditor name:	Mallick, Farooq
Email:	afarooq.mallick@gmail.com
Start Date of On-Site Audit:	06/23/2022
End Date of On-Site Audit:	06/24/2022

FACILITY INFORMATION	
Facility name:	Adelphoi Village Hilltop Supervised Independent Living
Facility physical address:	205 Fogel Street, Holidaysburg, Pennsylvania - 16648
Facility mailing address:	

Primary Contact	
Name:	Brian Snyder
Email Address:	brian.snyder@adelphoi.org
Telephone Number:	814-946-5256

Superintendent/Director/Administrator	
Name:	Jennifer McClaren
Email Address:	jennifer.mcclaren@adelphoi.org
Telephone Number:	724-804-7004

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Amanda Slezak
Email Address:	amanda.slezak@adelphoi.org
Telephone Number:	724-804-7162

Facility Characteristics	
Designed facility capacity:	15
Current population of facility:	9
Average daily population for the past 12 months:	8
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	16-20
Facility security levels/resident custody levels:	Specialized Independent Living
Number of staff currently employed at the facility who may have contact with residents:	11
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Adelphoi Village Residential Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1119 Village Way, Latrobe, Pennsylvania - 15650
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Jennifer McClaren	Email Address:	jennifer.mcclaren@adelphoi.org

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-23
2. End date of the onsite portion of the audit:	2022-06-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>This auditor made contact with a representative from UPMC Altoona regarding the MOU the facility has with the hospital to provide a SANE and conduct forensic examinations free of cost for any and all youth from Hilltop. The representative confirmed the agreement in the MOU. I also contacted the Pennsylvania Coalition Against Rape/Family Services of PA. to verify that they provide a Victim Advocate and provide Support Services per the MOU. A representative from the Family Services of PA confirmed the agreement in the MOU. They did say that they have not been called nor have they had to provide a Victim Advocate or Support Services. I also spoke to the Sargent at the Allegheny Township Police Department to verify that they are responsible for conducting all criminal investigations. The Sargent confirmed this and stated that they have not conducted any criminal investigations at Hilltop for the past 12 months. This auditor also spoke to a representative from the Department of Human Services to confirm that they conduct all administrative investigations and that their investigators have been trained. The representative confirmed this process.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	15
15. Average daily population for the past 12 months:	7
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	8
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	There were 8 residents at the facility during the on-site portion of the audit. All 8 residents were interviewed. Their age ranged from 16 years of age to 20 years of age. Their length of stay ranged from 2 months to 8 months. The population was mixed containing 4 African American residents and 4 Caucasian residents.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	11
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility only had male staff working and employed during the on-site portion of the audit. They have had female staff in the past but not during the on-site portion of the audit. There is a good mixture of African American and Caucasian staff. The average length of employment ranged from 1 years of service to 11 years of service. There were no contractors or volunteers during the on-site portion of the audit.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were 8 residents at the facility during the on-site portion of the audit. All 8 residents were interviewed. Their age ranged from 16 years of age to 20 years of age. Their length of stay ranged from 2 months to 8 months. The population was mixed containing 4 African American residents and 4 Caucasian residents.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were only 8 residents admitted in the facility during the on-site portion of the audit. All residents were interviewed.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were 8 residents at the facility during the on-site portion of the audit. All 8 residents were interviewed. Their age ranged from 16 years of age to 20 years of age. Their length of stay ranged from 2 months to 8 months. The population was mixed containing 4 African American residents and 4 Caucasian residents. There was one resident that did not want to be interviewed but was convinced by staff to be interviewed.

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	3
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor reviewed all intake materials, risk assessments, medical records, interviewed all of the residents and staff to confirm this.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor reviewed all intake documents including the risk assessments, reviewed the medical records, interviewed all residents and staff to verify this.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor reviewed all intake documents including the risk assessments, reviewed the medical records, interviewed all residents and staff to verify this.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor reviewed all intake documents including the risk assessments, reviewed the medical records, interviewed all residents and staff, reviewed grievance logs, and interviewed the investigator to verify this.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor took a tour of the facility to verify that there were no rooms designated for placing youth in segregated rooms. I also interviewed all residents and staff, read log books, policy to verify this.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There were 8 residents at the facility during the on-site portion of the audit. All 8 residents were interviewed. Their age ranged from 16 years of age to 20 years of age. Their length of stay ranged from 2 months to 8 months. The population was mixed containing 4 African American residents and 4 Caucasian residents. There was one resident that did not want to be interviewed but was convinced by staff to be interviewed.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>All 11 random staff were interviewed.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The facility only had male staff working and employed during the on-site portion of the audit. They have had female staff in the past but not during the on-site portion of the audit. There is a good mixture of African American and Caucasian staff. The average length of employment ranged from 1 years of service to 11 years of service. All 11 random staff were interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>All specialized staff were interviewed.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

This auditor had total access to the entire facility including the documents. During the first day of the on-site audit, there were several residents that were sitting in the day room, one was making breakfast and there were a few out working in the community. The facility had bright orange posters with the PREA information including how to report and hotline numbers to call. Some of the residents had access to their cellphone so could call without seeking assistance from staff. The telephone had the hotline number posted right next to the phone.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

This auditor reviewed all resident records including the initial risk assessment and the 6 month risk re-assessment, I was able to read the log books, review staff files to verify all child abuse clearance, FBI and background checks were completed timely. Interview all staff employed at the facility including HR staff. I reviewed grievance logs and interviewed the facility investigator,

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>There were no reported sexual abuse allegations, thus there were no investigations.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There was one complaint that was filed which met the criteria of sexual harassment. The facility investigator conducted an administrative investigation, reviewed all documents, interviewed youths and staff. The investigation was Unfounded.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Adelphoi Village PREA Policy comprehensively addresses the facility’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains the necessary definitions, procedures, and the facility’s strategies and responses to sexual abuse and sexual harassment. This policy also outlines the facility’s training and education of its residents, staff, volunteers, and contractors. The residents received detailed information about their rights, grievances, and reporting during admission. Agency and facility organizational charts clearly depict the roles of PREA Coordinator and Facility Compliance Manager. Interviews with the PREA Coordinator and PREA Coordinator proved their knowledge of the PREA standards and their commitment to the implementation of the PREA standards. Notice of the PREA compliance audit was posted on all living units and other prominent locations throughout the facility.</p> <p>The PREA Coordinator for Hilltop, who is the Unit Director, acts in this capacity. In addition, he does the staff schedules and conducts random unannounced rounds. He is a member of the incident review team; he assesses the area where incidents take place and makes recommendations to prevent future occurrences. He also monitors retaliation, conducts all PREA resident education and administers the Vulnerability Assessment.</p> <p>The following information was utilized to verify compliance with this standard:</p> <ul style="list-style-type: none"> · The Adelphoi Village PREA Policy · Adelphoi Village Organizational Chart · Pre-audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> · Interview with PREA Coordinator · Interview with PREA Manager/Hilltop Unit Director
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Adelphoi Village Hilltop Supervised Independent Living does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during interviews with the Unit Director and the PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> · Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> · Interview with Unit Director · Interview with PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Adelphoi Village PREA Policy requires the facility to develop, implement and document a plan to ensure staffing ratios are met. Staff schedules and resident rosters were reviewed by this auditor to confirm compliance. The Pennsylvania DHS inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.

The PREA Staffing and Administrative Plan states the facility runs at a minimum of 1:16 staff to resident ratio during the 11pm-7am shift and at a minimum of 1:8 staff to resident ratio during the 7am-3pm and 3pm-11pm shifts. These are the regulations set by Pennsylvania 3800 Child Care. It was confirmed by this auditor after reviewing population reports for the past twelve (12) months, staff schedules, and observations made during the tour of the facility that these ratios were being maintained and exceeded on a consistent basis.

The Adelphoi Village PREA Policy requires the facility to develop, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect youth against sexual abuse. The PREA Staffing and Administrative Plan must be completed and submitted to the PREA Coordinator. In determining adequate staffing levels and the need for video monitoring, facilities must take into consideration:

1. Generally accepted juvenile detention and correctional/secure residential practices
2. Any judicial findings of inadequacy
3. Any findings of inadequacy from federal investigative agencies
4. Any findings of inadequacy from internal or external oversight bodies
5. All components of the facility's physical plant (including "blind spots" and/or areas where staff or youth may be isolated)
6. Composition of the different facilities
7. Number and placements of supervisory staff
8. Programs occurring on each shift
9. Relevant laws, regulations, and standards
10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse
11. Minimum staff to youth ratios must be 1 to 8 during waking hour and 1 to 16 during sleeping hours.

Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the PREA Staffing and Administrative Plan. Only security staff must be included in those reports.

There were eight (8) residents residing at Hilltop Supervised Independent Living (HSIL) during the on-site portion of this audit. The average daily population at the facility during the past twelve (12) months has been eight (8) residents.

The annual PREA Staffing and Administrative Plan at HSIL also addresses the facility staffing plan and requirements. The plan is reviewed on an annual basis and was reviewed by the PREA Coordinator on May 12, 2022. The PREA standard calls for a 1:8 ratio during resident waking hours and no less than 1:16 during resident sleeping hours.

The facility is equipped with six (6) video surveillance cameras. Recordings from these devices remain on a secure server for approximately thirty (30) days. There is one (1) monitor located in the staff office and one (1) workstation which allows the cameras to be observed. In addition, the Director has access to the video surveillance system on his computer in his office which can be viewed and/or reviewed at any point during the day. Video from all major incidents is reviewed by the Unit Director retained on a DVD.

The Unit Director reported that they maintain a ratio of 1:6, which exceeds the standard; and this auditor observed a 1:4 ratio during the on-site portion of the audit. The Unit Director reported that there have been no deviations from the staffing plan during the past twelve (12) months. He also reported that in the event management staff feel staffing ratios cannot be maintained during the upcoming shift, staff would be held over and paid overtime to meet the ratios. Interview with the Unit Director revealed that staffing is monitored shift to shift and that adjustments are made as needed to ensure the ratios are met. Staff schedules and resident rosters were also reviewed by this auditor to confirm compliance.

The Adelphoi Village PREA Staffing and Administrative Plan states the facility runs at a minimum of 1:16 staff to resident ratio during the 11pm – 7am shift and at a minimum of 1:8 staff to resident ratio during the 7am – 3pm and 3pm – 11 pm shifts. These are the ratios set by the Pennsylvania 3800 Child Care Regulations. It was confirmed by this auditor after reviewing population reports for the past twelve (12) months, staff schedules, and observations made during the tour of the facility that these ratios were being maintained and exceeded on a consistent basis.

Interviews with the PREA Coordinator and the PREA Manager confirmed that the Staffing Plan is reviewed, when necessary, but no later than once a year. This document is maintained by the PREA Manager and the PREA Coordinator.

A review of the HSIL PREA Staffing and Administrative Plan confirmed that this plan is reviewed on an annual basis and was reviewed by the Unit Director on May 12, 2022.

The Adelphoi Village PREA Policy states that a management level employee shall conduct and document unannounced rounds, at a minimum of twice a month. Unannounced rounds are conducted on all shifts, weekends, and holidays to identify and deter staff sexual abuse and/or sexual harassment. All unannounced rounds are documented using the Unannounced Rounds Tracking Form. Documentation is also maintained in the PREA folder.

A review of Unannounced Rounds Logs and staff interviews, with the Unit Director confirmed that Unannounced Rounds occur as required in this standard. The Unit Director was able to discuss how he completes the unannounced rounds during his interview, assured minimum ratios were being met, and his inspection of all areas including the housing unit. The Unit Director also stated that he conducts random rounds by selecting different times of the day/night and days of the week. This auditor was able to review the Unannounced Rounds Log to confirm that unannounced rounds were being completed.

Review of documentation and proof to determine compliance:

- Pennsylvania Department of Human Services 3800 Child Care Regulations
- The Adelphoi Village PREA Policy
- Hilltop staff schedules
- Logs of Unannounced Rounds
- Resident Roster
- 2022 PREA Staffing and Administrative Plan
- Location of video surveillance cameras
- Tour of the facility

Interviews:

- Interview with Unit Director
- Interview with PREA Coordinator
- Interview with random staff from all three (3) shifts
- Interview with random residents

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 696">The Adelphoi Village PREA Policy prohibits staff from conducting cross-gender pat searches and that youth may only be searched by staff of the same gender. All searches must be conducted with a witness. The Adelphoi Village PREA Policy prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past twelve (12) months. Interviews with residents, staff members, and the Unit Director confirmed there have been no cross-gender pat searches of residents during the past twelve (12) months. Staff members interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search. They also stated they would immediately complete a detailed report as well as document the reason in the log. This was confirmed during the interviews with the Unit Director, PREA Coordinator, random staff members, and residents during the on-site portion of the audit. Staff stated that they do not conduct them, and residents stated that they have never been subjected to a cross-gender pat search. All staff have received training regarding the search of a transgender or intersex resident in a respectful and dignified manner. They stated this training occurs with their annual PREA refresher.</p> <p data-bbox="242 730 1469 891">Staff and residents both stated that staff announce themselves using the practice "knock and "announce" when entering a housing unit where there are residents of the opposite gender. The Adelphoi Village PREA Policy enables all residents to shower, perform bodily functions, and change without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This was verified by interviews with staff and residents. Interviews with residents verified that female and male staff announce themselves before entering the housing unit of the opposite gender.</p> <p data-bbox="242 976 730 1005">Reviewed documentation to confirm compliance:</p> <ul data-bbox="242 1034 649 1294" style="list-style-type: none"> · The Adelphoi Village PREA Policy · Search Procedures · Shower Procedures · Staff Training Curriculum · Staff Training Logs <p data-bbox="242 1379 352 1408">Interviews:</p> <ul data-bbox="242 1438 675 1637" style="list-style-type: none"> · Interview with the Unit Director · Interview with the PREA Coordinator · Interview with random staff · Interview with residents

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The Adelphoi Village PREA Policy states that all residents that are admitted with disabilities shall have equal opportunity to all aspects of HSIL's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents with disabilities shall be provided accommodations in accordance with the American Disabilities Act, 28CFR 35.614. Examples include staff reading the PREA pamphlets to vision impaired residents and providing resident education in audio and video format for both vision and hearing impaired. The facility provides the entire program in audio format for the blind and visually impaired and in written format for the deaf. There were no deaf or blind residents to interview to determine the effectiveness of presentation. The facility's PREA education is an audio/visual presentation conducted by the Unit Director on the day of admission.

The Adelphoi Village PREA Policy states that HSIL will ensure that residents with limited English proficiencies are instructed on the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by providing translated copies of resident's rights, grievance procedures, the Adelphoi Village PREA Policy, and the PREA pamphlet addressing zero tolerance. Adelphoi Village provides contracted interpreting services to assist HSIL in interactions with language barriers when communicating with residents. Special education teachers are available for residents with learning disabilities. A language interpretation service is available for other languages should the need arise. Other residents do not meet the policy's definition of "qualified interpreter."

There were no cognitively disabled residents residing at HSIL during the on-site portion of this audit. These residents were interviewed by this auditor and confirmed all their needs are met, and anytime they do not comprehend something, they know they can seek assistance from a staff member. During interviews with the Unit Director and PREA Coordinator, they both noted any disabled resident residing at the facility receives an equal opportunity to participate in, and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse.

The agency PREA brochure is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor. In addition, PREA posters are posted in the housing units, all common areas, hallways, front entrance, and the area where family visits take place. These posters are also in both English and Spanish and are bright orange in color.

In addition, interpreters are also available. This auditor was provided a comprehensive list of interpreters that are available to the residents. There was one (1) limited English proficient residents residing at HSIL during the on-site portion of this audit and he was interviewed by this auditor. He stated that all of his needs are met and anytime he does not comprehend something, he knows he can seek assistance from staff.

Random staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with staff members and Unit Director that there have been no circumstances during the past twelve (12) months at HSIL when interpreters were required.

Reviewed documentation to determine compliance:

- The Adelphoi Village PREA Policy
- Resident with Disabilities Accommodation Log
- English and Spanish Reporting Posters
- Language Interpretation Service
- PREA Brochures (English and Spanish)

Interviews:

- Interview with Unit Director
- Interview with PREA Coordinator
- Interview with random staff
- Interview with random resident
- Interview with one (1) limited English proficient resident

115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Adelphoi Village PREA Policy and the PA Child Protective Law requires criminal background checks and child abuse checks for all employees and contractors prior to employment. The Adelphoi Village PREA Policy states that HSIL shall not hire or promote anyone, nor enlist the services of any contractor who may have contact with residents who fall under the following rule-out criteria:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or program. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. 3. Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses. <p>The Adelphoi Village PREA Policy also states that HSIL shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents. This is accomplished through background checks, reference checks, and criminal history checks. These checks include clearance through the Commonwealth's Child Abuse Registry.</p> <p>Per the Adelphoi Village PREA Policy, all employees requiring criminal checks shall have new criminal checks conducted every five (5) years on their anniversary of hire/contract date. This was confirmed during an interview with the PREA Coordinator and an interview with the Director of Human Resources.</p> <p>This auditor inspected twelve (12) random staff files, and all had required clearances.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> · Pennsylvania Child Protective Law · Pennsylvania Department of Human Services 3800 Child Care Regulations · The Adelphoi Village PREA Policy · Review of twelve (12) randomly selected staff files <p>Interviews:</p> <ul style="list-style-type: none"> · Interviews with the Unit Director · Interview with the PREA Coordinator · Interview with the Agency Director of Human Resource

115.318	Upgrades to facilities and technologies
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1484 365">HSIL develops a PREA Staffing and Administrative Plan on an annual basis (updated on May12, 2022, by the Unit Director). The facility's most recent PREA Staffing and Administrative Plan was provided to this auditor prior to the on-site portion of this audit and was confirmed during the interview with the Unit Director.</p> <p data-bbox="240 394 1492 555">Per the Zero Tolerance Policy employs a camera system. The facility has a video surveillance system of six (6) cameras. The system provides coverage of the housing unit, hallways, day room, kitchen and outside. Any modifications, upgrades, or expansions to the facility will include consideration of such design, acquisition, expansion, and how the modification(s) will impact or enhance the ability to protect residents from sexual abuse. This was confirmed during the interviews with the Unit Director and the PREA Coordinator.</p> <p data-bbox="240 584 756 613">Reviewed documentation to determine compliance:</p> <p data-bbox="240 642 633 736">Adelphoi Village PREA Policy PREA Staffing and Administrative Plan Tour of the facility</p> <p data-bbox="240 799 352 828">Interviews:</p> <p data-bbox="240 857 572 920">Interview with Unit Director Interview with PREA Coordinator</p>

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1468 432">Adelphoi Village Zero Tolerance Plan states that upon receiving an allegation of abuse, sexual abuse and/or sexual harassment, the employee shall immediately make an oral or written report to ChildLine. Once the report is received, it will be administratively investigated by Department of Human Services. A representative from Department of Human Services was contacted by this auditor and they confirmed this process. All criminal investigations are conducted by the Alleghany Township Police. This process was confirmed by the PREA Coordinator and the Unit Director during their interviews.</p> <p data-bbox="242 461 1481 790">The Unit Director and PREA Coordinator stated during their interviews that the facility has a MOU with UPMC Altoona for evidence collection and forensic examinations to be conducted by a Sexual Assault Nurse Examiner (SANE) at the hospital. A representative from UPMC Altoona was contacted by this auditor and was able to confirm this process. The facility has a MOU with the Pennsylvania Coalition Against Rape to provide an advocate and support services through the Family Service of PA. The Zero Tolerance Policy states, "as requested by the victim, the victim advocate, qualified facility staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals." A representative from the Family Service of PA was contacted and they confirmed the MOU and services they provide to the facility and the victim. There is a direct line that is on the phone to Family Services that all youth can access and call. This auditor picked up the phone and it connected immediately with the Family Services of PA.</p> <p data-bbox="242 819 1473 913">All administrative investigations are conducted by the Department of Human Services. An interview with a representative from Department of Human Services confirmed that they comply with all PREA standards when completing an investigation at HSIL.</p> <p data-bbox="242 943 1445 1005">There were no instances of sexual abuse or assault that would have necessitated a forensic examination during the past twelve (12) months.</p> <p data-bbox="242 1034 756 1064">Reviewed documentation to determine compliance:</p> <p data-bbox="242 1093 946 1220">Adelphoi Village PREA Policy MOU with UPMC Altoona MOU with Pennsylvania Coalition Against Rape / Family Service of PA MOU with Alleghany Township Police</p> <p data-bbox="242 1283 352 1312">Interviews:</p> <p data-bbox="242 1341 1313 1570">Interviews with Unit Director Interview with PREA Coordinator Interview with the Director of Nursing Interview with random staff Phone interview with a representative from Department of Human Services Phone interview with a representative from the Pennsylvania Coalition Against Rape / Family Service of PA Phone interview with representative from UPMC Altoona</p>

115.322	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy states that any reports (direct, indirect, third party) received involving sexual abuse and sexual harassment shall be immediately called into Child Line. The Department of Human Services (DHS) will investigate all administrative allegations of sexual abuse and/or sexual harassment. The Zero Tolerance Policy meets the requirements of this standard. It requires that all allegations of sexual harassment and sexual abuse be investigated. It requires that allegations that may be criminal in nature be referred to law enforcement and provides clear guidance for when Adelphoi Village may conduct an administrative investigation once a referral to law enforcement has been made. All HSIL staff are mandated reporters of abuse and all staff interviewed were aware of their obligations to report abuse under Pennsylvania law.</p> <p>Child Line accepts and investigates reports of staff, contractor, or volunteers on resident sexual abuse or sexual harassment and refers to the appropriate police department if necessary. Any resident-on-resident allegations of sexual abuse or sexual harassment are reported to and investigated by the Allegheny Township Police Department.</p> <p>There were no allegations of sexual abuse or sexual harassment reported during the past twelve (12) months at HSIL.</p> <p>All policies and procedures required by both PREA and the Pennsylvania Department of Human Services are in place. Interviews with the Unit Director and the PREA Coordinator stated that all incidents are reported and documented.</p> <p>Reviewed documentation to determine compliance:</p> <p>Adelphoi Village PREA Policy MOU with Alleghany Township Police Department</p> <p>Interviews:</p> <p>Interview with the Unit Director Interview with PREA Coordinator Interview with Representative the Alleghany Township Police Department</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy states all employees shall receive instruction related to this policy; and tailored to the unique needs and attributes of resident of juvenile facilities; and to the gender of the residents in the facility on the following critical subjects:</p> <ol style="list-style-type: none"> 1. The agency's policy on zero tolerance for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under agency sexual misconduct prevention, detecting, reporting, and response policy and procedures. 3. Residents' right to be free from sexual abuse and sexual harassment. 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment in juvenile facilities. 5. Dynamics of sexual abuse and sexual harassment in confinement. 6. Common reactions of sexual abuse and sexual harassment of juvenile victims. 7. How to detect and respond to signs of threatened and actual sexual misconduct. 8. How to avoid inappropriate relationships with residents. 9. How to communicate effectively and professionally with residents, including those who identify as lesbian, gay, transgender, intersex, or gender non-conforming. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. 11. Relevant laws regarding the applicable age of consent. <p>During the on-site portion of this audit, it was noted that posters were posted throughout the facility to educate both the staff and residents on PREA policies. Brochures noting PREA requirements are given to residents, staff, volunteers, and contractors. Posters and brochures are both in English and Spanish.</p> <p>The Pre-Audit Questionnaire documented that all staff currently employed at HSIL were trained and retrained on the PREA requirements during the past twelve (12) months. The staff receive training every year and it includes "Keep our Kids Safe." Staff take a post-test and must pass it in order to be placed on the training log according to the PREA Coordinator. All staff also received mandated reporter training.</p> <p>All staff interviewed reported that they received training on all areas noted in this standard. All staff interviewed were aware of their obligations related to the PREA Policy, their obligations as mandated reporters of abuse, their duties as first responders, and the facility protocols related to evidence collection. Interviews with staff members also confirmed they receive the training and understood the material that was covered in the training they received. This auditor was able to review the Training Roster and confirm they had appropriate staff members signatures and noted if they understood the training they received.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> · Adelphoi Village PREA Policy · PREA Training Curriculum · Mandated Reporter Curriculum · Random employee files <p>Interviews:</p> <p>Interview with PREA Coordinator Interview with the PREA Compliance Manager Interviews with random staff</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy states that non-employees who have contact with juveniles shall receive instruction regarding agency policy, prohibited conduct, prevention, detection, response, and reporting of sexual misconduct prior to assuming responsibilities that include contact with residents. All volunteer and contractors must receive PREA training. Contractors receive a PREA brochure that describes the Zero Tolerance Policy. Contractors must sign and acknowledge that they have received and understood the training. Documentation of signed acknowledgement forms were provided to this auditor. The Unit Director keeps the signed acknowledgments and produced them for this auditor. There were no contractors during the on-site portion of the audit. This auditor did review the signed acknowledgement form from contractors.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> Adelphoi Village PREA Policy PREA Brochure for contractors Training logs Signed Training Acknowledgement of a contracted employee <p>Interviews:</p> <ul style="list-style-type: none"> Interview with PREA Coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Adelphoi Village PREA Policy states that all juveniles, upon intake, shall receive verbal and written information about sexual misconduct during their orientation. The information shall address:

1. Their right to have confidential access to their attorney or other legal representation;
2. Their right to have reasonable access to parents or legal guardians;
3. How to report incidents or suspicions of sexual abuse or sexual harassment;
4. The facility's process and procedure for a resident to file a grievance;
5. The facility's process and procedure for accessing the facility's client advocate;
6. How to access outside victim advocates for emotional support services related to sexual abuse (this information shall include mailing addresses and telephone numbers, including toll-free numbers of available local, state and/or national victim advocacy or rape crisis organizations);
7. For individuals being admitted to the facility solely for civil immigration purposes, mailing addresses, telephone numbers (including toll-free hotlines were available) of immigrant service agencies;
8. The extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws;
9. Information related to the Adelphoi Village PREA Policy
10. Information related to the agency's policy against retaliation for reporting sexual abuse, sexual harassment or cooperating with an investigation;
11. For transgender and intersex youth, information related to their right to shower separately and;
12. Comprehensive education in person via a video recording:
 1. Their right to be free from sexual abuse and sexual harassment
 2. Their right to be free from retaliation for reporting sexual abuse or harassment
 3. The agency's response policies and procedures for responding to reports of sexual abuse or sexual harassment

The Unit Director who was interviewed reports that each new resident views the PREA video, Safeguarding Your Sexual Safety, a PREA orientation video describing sexual abuse and sexual harassment and how to report it including the hotline. The Unit Director states that after the video, he verbally goes over the PREA posting and then shows them the Family Services hotline information. He has them sign an acknowledgement. The residents also receive a PREA pamphlet. They received the initial PREA education on the day of admission but received comprehensive PREA education by their counselor on day five (5). This auditor reviewed eight (8) resident files during the on-site portion of the audit and all contained a signed copy of the acknowledgement form.

Interview with the Unit Director confirmed all PREA education information is communicated orally, in a video, in writing, and in a language clearly understood by the resident, on the day of admission. Language assistance resources are available through interpreter services. They provide services for the blind and deaf by utilizing braille for the visually impaired youth, and a hearing specialist will be provided for the deaf residents. The facility also ensures that key information about PREA is continuously and readily available or visible through posters, Resident Handbooks, and PREA brochures. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbooks and PREA brochures.

All residents interviewed stated they were educated upon admission. They acknowledged viewing the PREA video, receiving the Resident Handbook, and PREA brochure. Residents also stated that staff conduct regular check-ins regarding their safety and services that are available to them. Residents were very knowledgeable about PREA, including PREA Policy (zero-tolerance), their rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and multiple ways to report sexual abuse and sexual harassment (both internally and externally). All youth entering any Adelphoi Village facility, either as a new admission or a transfer, go through the same intake process. As of May 1, 2022, Adelphoi Village (HSIL) began to conduct comprehensive PREA education on day seven (7). There were no residents that were admitted after May 1, 2022. This standard is not met and will have corrective action.

Corrective Action: HSIL will conduct PREA education on a youth's day of admission but will conduct comprehensive PREA education on day 7 by the Unit Director. Currently all PREA education is provided to the residents on intake. They will provide this auditor with all comprehensive PREA education signed acknowledgements from newly admitted residents given to them on day 7 and will also provide signed acknowledgment on PREA education given to them on intake. The Corrective Action will be a period of 90 days.

The 90 day corrective action was satisfied. HSIL had 10 admissions during this period. They had 3 intakes in July, 3 in August, 3 in September and 1 in October. The PREA Coordinator forwarded the signed acknowledgements of each from the

their first day of admission where the youths are given PREA pamphlets and are given an introduction into PREA, and the 7th day sign acknowledgement where they are given the comprehensive PREA education. All youths that are admitted to Hilltop now go through this process of receiving the comprehensive PRERA education on day 7. Thus, the facility has met the requirements of this standard and are now in compliance with this standard.

Reviewed documentation and verification:

Adelphoi Village PREA Policy

PREA Brochure

Resident PREA Acknowledgement Form

Posters for Reporting and Education in Spanish and English

Eight (8) resident files

PREA Education Program Curriculum including PREA video "Safeguarding Your Sexual Safety"

Tour of the facility

Signed PREA acknowledgement forms from youths from day 1 and day 7.

Interviews:

Interview with Unit Director

Random resident interviews

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy states that HSIL does conduct internal investigations for allegations of sexual abuse. Investigations are also conducted by the Alleghany Township Police and the Department of Human Services. Documentation was provided to this auditor concerning HSIL's request to the Alleghany Township Police and Department of Human Services to comply with the PREA standards when conducting such investigations.</p> <p>All staff members interviewed were aware that the Department of Human Services completes non-criminal sexual abuse and sexual harassment investigations.</p> <p>There were no allegations of sexual abuse or sexual harassment that were reported to Child Line and the State Police during the past twelve (12) months.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> · Adelphoi Village PREA Policy · MOU with Alleghany Township Police <p>Interviews:</p> <p>Interview with Unit Director Interview with PREA Coordinator Phone conversation with representative from Alleghany Township Police</p>

115.335	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy states that HSIL does not perform any forensic medical examinations. These are conducted at UPMC Altoona and that was verified by this auditor. This policy also mandates PREA training for medical and mental health staff. This auditor interviewed the Director of Nursing who stated she would immediately report allegations to their supervisor and document the allegation. She stated that the forensic examinations are not conducted at the facility and that all examinations would be conducted by a SAFE/SANE at UPMC Altoona. The Director of Nursing received Mandated Reporter training. The Director of nursing and mental health staff received training regarding the sexual abuse of juvenile victims and had also received training on the protection of forensic evidence. The agency's protocol is to preserve/avoid destruction of evidence and then transport to the designated medical facility (UPMC Altoona). The physical evidence is collected by the Alleghany Township Police.</p> <p>Medical staff do not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at UPMC Altoona by a SANE. A MOU is in place with UPMC Altoona that confirms a SANE completes forensic examinations. This auditor was able to interview a representative from UPMC Altoona who confirmed forensic examinations are conducted at UPMC Altoona by a SANE in the event of an incident of sexual abuse.</p> <p>There are no medical or mental health staff at Hilltop. All medical and mental health services are provided in the community. The physicals and any routine needs are obtained at Primary Health Network (PHN) in Altoona. Mental Health needs such as therapy, counseling, assessments and medication evaluations are also provided by PHN.</p> <p>Per the Adelphoi Village PREA Policy, medical and mental health staff also receive the PREA training that all staff members at the facility are required to complete on an annual basis. The medical staff interviewed was knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response. This auditor was able to review medical staff training records to confirm they received and successfully completed the annual PREA training that all staff members are required to complete.</p> <p>Reviewed documentation to determine compliance:</p> <p>Adelphoi Village PREA Policy MOU with UPMC Altoona NIC Specialized Medical Training Online Curricula Certificates of Completion of NIC Medical Training</p> <p>Interviews:</p> <p>Interview with Director of Nursing Interview with mental health staff Phone interview with representative from UPMC Altoona</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Adelphoi Village PREA Policy addresses the use of the Vulnerability Assessment Instrument, Risk of Victimization, and/or Sexually Aggressive Behavior in that it shall be administered on the date of admission to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or towards a resident. The Vulnerability Assessment Instrument is used to obtain victimization or abusiveness, current charges, mental health and/or developmental status, and placement history. Living unit and room assignments are made accordingly. A vulnerable resident will not be placed with or next to a sexually aggressive resident. They also consider the age, height, weight, and resident's own gender identity when placing youth into program.

The Unit Director administers the instrument, considers the intake packet, conversations with parents, probation officers, and caseworkers as part of every intake. The Unit Director that was interviewed stated he used a combination of developing a conversational rapport with the resident and asking direct questions. Periodic reassessment occurs as a part of the Multi-Discipline Team treatment process and after any PREA related incident. All completed Vulnerability Assessment Instruments are securely kept in the resident's electronic file and have restricted access.

During the past twelve (12) months, there were seventeen (17) residents admitted whose length of stay in the facility were for seventy-two (72) hours or more. All residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing another resident within seventy-two (72) hours by being administered the Vulnerability Assessment Instrument by Unit Director. This auditor was able to confirm the Vulnerability Instrument is completed upon admission immediately after the PREA education. The Unit Director who completed the Vulnerability Assessment was interviewed and confirmed he understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse. Adelphoi Village PREA Policy, state the facility must ascertain information about: prior victimization or abusiveness; any gender non-conforming appearances or manner of identification as lesbian, gay, bisexual, transgender, or intersex; and whether the youth may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; physical disabilities; the youth's own perception of vulnerability; and any other specific information about the individual youth that may indicate needs for heightened supervision, additional safety precautions, or separation from certain other youth.

This auditor was able to review the Vulnerability Assessment that is used to screen residents and confirm this form captures the information required for this standard. This auditor was able to review the resident case files to confirm they are being completed within seventy-two (72) hours of intake.

Interviews with the PREA Coordinator and the Unit Director that performs screening for risk of victimization and abusiveness revealed that the Unit Director interviews each resident upon admission and periodically throughout a resident's confinement. Staff that perform screening for risk of victimization and abusiveness also stated they use case history notes and behavioral reports when completing the assessment. The periodic reassessments are conducted every six (6) months by the Unit Director. An interview with the Unit Director confirmed that the reassessments occur every six (6) months. A review of the reassessments was verified by this auditor. There were two (2) residents that had been in program greater than six (6) months that had reassessments completed.

All completed assessments are securely kept in the resident's electronic file and staff have limited access to these files. All necessary information is recorded and communicated to staff members for housing assignments, room assignments, or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

Reviewed documentation to determine compliance:

Adelphoi Village PREA Policy
Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
Six-month Reassessments
Gender Variant Search Form
Review of resident files

Interviews:

Interview with PREA Coordinator
Interview with Unit Director
Interviews with residents

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy pertaining to screening/assessing residents at intake states that residents who are determined as a potential risk will not be singled out; however, will be closely monitored by the staff and their behavior will be evaluated throughout their stay. Housing/room decisions for each youth will be based on the risks determined by the intake screen and Assessment Instrument, as well as any information ascertained through conversations during the intake process and medical and mental health screenings with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</p> <p>All housing placements will be made with the sole intention of ensuring the resident's health and safety.</p> <p>Transgender or Intersex resident's safety evaluation shall be reassessed every thirty (30) days to review any threats to safety and each transgender or intersex's own views, with respect to his or her own safety, shall be given serious consideration.</p> <p>Transgender or Intersex residents shall follow the HSIL operating procedures regarding showering separately.</p> <p>Isolation is not practiced and is prohibited by HSIL and was not used during the past twelve (12) months.</p> <p>The Unit Director who conducts risk screenings stated that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or other residents. Interviews with staff stated that there is no specific or segregated housing unit/room for LGBTI residents. Transgender or Intersex resident housing would be determined on a case-by-case basis and would be formally reviewed every thirty (30) days as well as daily. The resident's own view of their safety would be considered when making housing decisions as well as the safety of all residents.</p> <p>The bathrooms are all single bathrooms. They are single bathrooms with a sink, toilet, and shower, and a door that closes. All residents shower alone.</p> <p>This auditor reviewed files of eight (8) residents. The files are part of the Electronic Health Records (EHR). All risk-based housing decisions are recorded on the instrument itself. The Unit Director documents why and why not risk-based housing/room is needed. The documentation is specific to each resident. There were no residents that identified themselves as LGBTI. All residents stated that they felt safe and staff regularly check on their safety. The residents felt they receive privacy to take showers, use the toilet, and change clothing.</p> <p>Reviewed documentation to determine compliance:</p> <p>Adelphoi Village PREA Policy PA Department of Human Services 3800 Child Care Regulations Adelphoi Village Shower Policy Vulnerability Assessment of eight (8) residents. Housing/Room Logs</p> <p>Interviews:</p> <p>Interview with PREA Coordinator Interview with Unit Director who conducts risk screening Interviews with residents</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Adelphoi Village PREA Policy has established procedures for allowing multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, and staff neglect. The document showed several ways for residents to report sexual abuse, sexual harassment, or retaliation. These are:

- Direct reporting to an employee, educational staff, or contracted entity
- Privately reporting to a public or private entity, or an office that is not part of the agency
- Grievance process
- Privately reporting to Family Services of Altoona
- Third parties including family members or attorneys

The PREA Policy contains all necessary information and provides for residents to make reports verbally, in writing, anonymously, and through third parties. It mandates that staff accept resident reports in all these formats and that these reports shall be immediately processed according to child abuse regulations. All staff are mandated reporters of abuse per Adelphoi Village PREA Policy and the laws of the Commonwealth of Pennsylvania. Youth receive a handout at admission regarding how to report abuse and there are posters throughout the facility and on all housing units in English and Spanish with the information. Residents have direct access to a phone to anonymously report abuse to the Family Services of Altoona. Residents can also call home and have visits with their parents and grandparents on a weekly basis. Visits by Probation Officers and Attorneys are not limited, and residents confirm they receive them. Some of the residents have cell phones which they can use to report any abuse allegations.

All youth interviewed confirmed they have received information instructing them on how to report allegations of sexual abuse, sexual harassment, or retaliation. Resident information is delivered to the residents at admission by the Unit Director. They receive comprehensive PREA education on day seven (7) by the Unit Director. PREA education, including a PREA video, Resident Handbook, and PREA brochures, are provided to the resident. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse. Additionally, they understood the grievance process. All knew where to access the phone to report abuse to the Family Services of Altoona. Residents receive information upon admission regarding how to report abuse and there are posters throughout the facility and on the housing units in English and Spanish with the information.

Staff members interviewed were also knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. All staff members interviewed stated they would immediately document a verbal report and process according to child abuse regulations.

There is a grievance box located on the housing unit. Forms are available in English and Spanish. The grievance box is checked daily. All residents were aware of the grievance procedures and stated they were shown how to fill out a grievance by their counselor during intake.

There were no incidents at HSIL solely for civil immigration purposes. However, during the interviews with the Unit Director, it was determined he would provide the residents information on how to contact relevant officials at the Department of Homeland Security to report sexual abuse and/or harassment.

Reviewed documentation to determine compliance:

Adelphoi Village PREA Policy
Adelphoi Village Grievance Policy
Telephone and Visitation Policy
Posters in facility
Residents Rights Form
MOU with Family Services of Altoona

Interviews:

Interviews with PREA Compliance Manager
Interview with PREA Coordinator
Interview with representative from Family Service of Altoona
Interviews with randomly selected staff
Interviews with residents

115.352	<p>Exhaustion of administrative remedies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy and Adelphoi Grievance Policy provides that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within forty-eight (48) hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance. There were no incidents of sexual abuse, sexual harassment, or retaliation filed using the grievance process in the past twelve (12) months. No grievances by residents or third parties were filed alleging sexual abuse, harassment, or retaliation.</p> <p>The PA Department of Human Services 3800 Regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent. The PA DHS, during their annual licensing inspection, inspects resident files for this signed acknowledgement by both parent and resident.</p> <p>Residents have been informed of the multiple ways they can report an allegation of sexual abuse, assault, or harassment. All youth interviewed were aware of the grievance box, where to locate the forms, and how to fill out a grievance form. All residents were also aware they can contact Family Services of PA right from their phone. If a resident filed a grievance regarding sexual abuse, assault, or harassment, that report would be handled in the way it is prescribed in the policy. This auditor reviewed eight (8) resident files, and all contained notification of the grievance process.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> Adelphoi Village PREA Policy Adelphoi Village Grievance Policy Grievance Forms Child Rights Forms Files of eight (8) residents <p>Interviews:</p> <ul style="list-style-type: none"> Interview with Unit Director Interview with randomly selected staff Interview with residents
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy outlines that HSIL will provide residents with access to confidential emotional support services with the Pennsylvania Coalition Against Rape through the Family Service of Altoona. There is a statewide memorandum of understanding (MOU) with the Pennsylvania Coalition Against Rape. Posters in both English and Spanish are posted throughout the facility with the information. All youth receive a handout at admission regarding how to report abuse. In addition, the residents are told upon admission about the support services that are offered to them in the community through the Family Service of Altoona.</p> <p>Interviewed residents were aware of how to access outside agencies by using any phone which has a direct line to these services and does not require the youth to remember any telephone number. The residents interviewed were all able to describe the advocacy services offered to them. All residents stated they knew how to use the phone and acknowledged receiving weekly free telephone calls to their families and weekly visits. Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. They were all aware of the grievance process and the phone usage. Some of the residents have cell phones which they can use. There was one (1) resident that had made an allegation of sexual harassment at another facility which was reported and investigated. The resident denied the allegation to this auditor.</p> <p>All staff were aware of how residents can access outside agencies through the phone. The hotline numbers and the Family Service of Altoona numbers are posted throughout the facility and are listed on the phone.</p> <p>An MOU is in place with Pennsylvania Coalition Against Rape and the services they offer. The MOU was reviewed by this auditor, and this auditor spoke to a representative by telephone prior to the on-site audit to confirm the services offered in the MOU. During the tour, this auditor picked up the phone and confirmed that the phone was in service and connected to Family Service of Altoona.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> · Adelphoi Village PREA Policy · Telephone and Visitation Policy · English and Spanish PREA posters in the facility · Resident PREA Brochures · MOU with Pennsylvania Coalition Against Rape / Family Service of Altoona <p>Interviews:</p> <p>Interview with PREA Coordinator Interview with the Unit Director Interview with a representative from Pennsylvania Coalition Against Rape/Family Services of Altoona Interviews with randomly selected staff Interviews with residents</p>

115.354	<p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy describes how third parties, including fellow residents, staff members, volunteers, contractors, family members, attorneys, outside advocates, and others, shall be accepted reporters of any sexual abuse and/or sexual harassment reports. Hilltop has established various methods to receive third-party reports of sexual abuse and sexual harassment which includes Adelphoi Village's public website that lists the ChildLine number to call if sexual abuse or harassment is suspected. The Hotline number and the Family Service of Altoona number is also posted at the entrance where visitors enter the facility and in the visiting area and throughout the facility. Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf.</p> <p>There is a grievance box located on the housing unit in the day room for residents and staff. Forms are in English and Spanish and located next to the box. The box is checked daily. All residents stated that their counselor reviewed the grievance process with them during intake.</p> <p>There were no incidents of third-party reporting during the past twelve (12) months. All staff members interviewed acknowledged that they would accept a third-party report of abuse in the same manner as if they had witnessed the abuse themselves.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> Adelphoi Village PREA Policy Adelphoi Village public website PREA posters Grievance box <p>Interviews:</p> <ul style="list-style-type: none"> Interview with Unit Director Interviews with randomly selected staff Interviews with residents
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115.361	Staff and agency reporting duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 465">Adelphoi Village PREA Policy states that all HSIL staff must immediately report any known or suspected act or allegation of sexual misconduct or retaliation to the administration through the appropriate chain of command. They must treat all reported incidents or prohibited conduct seriously and ensure that known or suspected acts or allegations of sexual misconduct are reported immediately and referred to the proper authorities. All staff, contractors, and volunteers are mandated by policy to report any knowledge of sexual abuse or harassment and any suspected retaliation. The policy further prohibits staff from revealing information regarding a sexual abuse report except on a need-to-know basis.</p> <p data-bbox="242 497 1473 692">All staff members interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation, must be reported to the ChildLine hotline. All staff members interviewed were aware that they must immediately contact their supervisor to report the allegation to the ChildLine hotline. Interviews with staff members (including mental health and medical staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtain from a report of sexual abuse.</p> <p data-bbox="242 723 1489 848">Medical staff interviewed indicated that disclosure is prohibited to residents regarding the limitation of confidentiality and their duty to report any knowledge, suspicion, or information regarding any allegations of sexual abuse or sexual harassment to their direct supervisor immediately upon learning of the allegation. This information is also called into the ChildLine hotline to be investigated. Staff interviewed also discussed completing Mandated Reporter trainings on an annual basis.</p> <p data-bbox="242 880 1485 1008">All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to the ChildLine hotline. ChildLine will determine if the information meets the requirements to register a report for investigation. Department of Human Services would conduct the investigation. It should be noted that all staff members (including medical staff) are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report.</p> <p data-bbox="242 1039 1489 1099">Interviews with the Unit Director, PREA Coordinator, and staff members (including medical staff) confirmed they are aware of how to report an allegation and were aware that all allegations are investigated by the Alleghany Township Police.</p> <p data-bbox="242 1184 1481 1379">The PREA Policy requires all staff to immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff, contractors, and volunteers receive training as to how to fulfill their obligations as mandated reporters (what to report and how to report it). All staff, contractors, Director of nursing, and mental health staff, when interviewed, acknowledged that they are mandated reporters and knew that they must immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. Interview with the Unit Director supported the protocol discussed in the above-mentioned policy.</p> <p data-bbox="242 1464 756 1494">Reviewed documentation to determine compliance:</p> <ul data-bbox="242 1525 603 1666" style="list-style-type: none"> · Adelphoi Village PREA Policy · Training Logs · PREA posters <p data-bbox="242 1751 352 1780">Interviews:</p> <ul data-bbox="242 1812 691 2007" style="list-style-type: none"> Interview with the VP of Residential Services Interview with the Unit Director Interview with the PREA Coordinator Interviews with randomly selected staff Interview with Director of Nursing Interview with mental health staff

115.362	Agency protection duties
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1476 600">Adelphoi Village PREA Policy requires that when a staff member learns that a resident is subjected to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. There were zero (0) residents that the facility determined were subject to substantial risk of sexual abuse during the past twelve (12) months per the Pre-Audit Questionnaire. After review of the policies, interviews with the Unit Director, PREA Coordinator, and twelve (12) random staff, this auditor affirms that any report of imminent sexual abuse would be handled immediately and properly. All staff interviewed were able to articulate means that they would use to protect youth should this occur. These included immediately calling for a supervisor to respond to the location; keeping the youth under arms-length supervision until the supervisor arrives; and, if necessary, based on the imminent nature of the threat, securing the youth alone in a bedroom, office, or other room. All staff members stated they would act immediately. If the aggressor was a staff member, interviews confirmed that the staff member would be removed or terminated.</p> <p data-bbox="242 629 1476 824">The PREA Coordinator was interviewed regarding the protective action the facility takes when learning that a resident is subject to substantial risk of imminent sexual abuse. The facility would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser, either by transferring the resident to another facility or making a room change if the potential abuse is a staff member. The staff member could also be removed from the housing unit or placed on Administrative Leave pending an investigation. The PREA Coordinator stressed the safety of the residents as a top priority.</p> <p data-bbox="242 853 1476 981">Interview with the Unit Director confirmed staff members would be expected to act immediately to separate the resident at risk from a potential abuser. In addition, they reported a Safety Plan would be developed and implemented to ensure the safety of the resident at risk. The Safety Plan would include increased supervision/monitoring, separation from the potential abuser, and making a housing unit and/or room change as necessary.</p> <p data-bbox="242 1070 758 1099">Reviewed documentation to determine compliance:</p> <ul data-bbox="242 1126 746 1272" style="list-style-type: none"> <li data-bbox="242 1126 603 1155">· Adelphoi Village PREA Policy <li data-bbox="242 1182 746 1211">· Pennsylvania Child Protective Services Law <li data-bbox="242 1238 550 1267">· Pre-Audit Questionnaire <p data-bbox="242 1357 359 1386">Interviews:</p> <p data-bbox="242 1413 694 1442">Interview with the VP of Residential Services</p> <p data-bbox="242 1447 550 1476">Interview with the Unit Director</p> <p data-bbox="242 1480 574 1509">Interview with PREA Coordinator</p> <p data-bbox="242 1514 622 1543">Interview with randomly selected staff</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1485 562">Adelphoi Village PREA Policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Unit Director that received the allegation shall notify the facility head or appropriate office of the agency where the alleged abuse occurred and shall also notify the Department of Human Services. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. Any report filed by another agency to Hilltop shall be investigated the same as any other incident that pertains to the PREA Policy. All other parties, parents, guardians, parole officers, and caseworkers will be immediately notified. There was one (1) incident that have required reports within the past twelve (12) months. Interviews with the Unit Director confirmed this process. He stated that one of his youth attended school at another facility and made an allegation of sexual harassment. The Unit Director notified the other facility's Director, and the allegation was reported and investigated. The youth did not return to that facility.</p> <p data-bbox="242 595 1461 719">If a report is made at another facility regarding an allegation that occurred at Hilltop, it will be reported to the PREA Coordinator, who will contact Child Line and the Allegheny Township Police Department and will document within twenty-four (24) hours of receiving the report. All other parties, guardians, P.O.s, and caseworkers will also be notified within twenty-four (24) hours.</p> <p data-bbox="242 808 756 835">Reviewed documentation to determine compliance:</p> <p data-bbox="242 869 683 927">Adelphoi Village PREA Policy Pennsylvania Child Protective Services Law</p> <p data-bbox="242 992 352 1019">Interviews:</p> <p data-bbox="242 1048 691 1106">Interview with the VP of Residential Services Interview with the Unit Director</p>

115.364	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village Zero Tolerance states that upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with the policies. The first staff member to respond to the scene shall be required to:</p> <ol style="list-style-type: none"> 1. Separate the victim and alleged abuser 2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence 3. Request that alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating 4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating 5. Notify the Unit Director or designee and document the incident 6. Transport to UPMC Altoona <p>All staff interviewed could articulate the steps they would take as a first responder. Staff carry a card with their first responder duties printed on them. Their responses were consistent with the PREA PREA Policy.</p> <p>There were no allegations that were reported during the past twelve (12) months and none that required first responder actions.</p> <p>Reviewed documentation to determine compliance:</p> <p>Adelphoi Village PREA Policy</p> <p>Interviews:</p> <p>Interview with the PREA Compliance Manager Interview with the PREA Coordinator Interviews with randomly selected staff</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy requires each facility to have an institutional plan for a coordinated response. A copy of Hilltop's Coordinated Response plan was provided to this auditor. The plan provided clear and concise direction for response to any alleged PREA violation. There have been no incidents in the past twelve (12) months that require the use of the coordinated response. Interviews with the Unit Director, direct care staff, and medical staff indicated that each is knowledgeable of his/her responsibilities regarding an incident or allegation of sexual assault. There is a sexual assault checklist that requires the staff person to check off each item such as notification of medical, administration, and documentation. All staff interviewed were aware of their program's Coordinate Response and where to locate the document. It is located in the staff office.</p> <p>Reviewed documentation to determine compliance:</p> <p>Adelphoi Village PREA Policy Sexual Assault Checklist</p> <p>Interviews:</p> <p>Interview with Unit Director Interview with Director of Nursing Interview with randomly selected staff</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1490 499">Adelphoi Village PREA Policy states that neither Adelphoi Village nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining unit agreement that limits the ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. There have been no new collective bargaining agreements entered into by Adelphoi Village Residential Services, Inc. or HSIL that would violate this standard. Adelphoi Village specifically PREA Policy authorizes HSIL to protect youth from contact with alleged abusers up to and including suspending staff without pay. There were no reported allegations of staff sexual misconduct during this audit period.</p> <p data-bbox="240 528 1461 656">During the interviews with the VP of Residential Services and the Unit Director, they stated that any time there is an allegation, a safety plan for the specific resident, and all the residents, is put into place. This always includes removing the staff person from contact with the resident or residents and depending upon the allegation, placing the staff member on Administrative Leave until the investigation is completed.</p> <p data-bbox="240 741 756 770">Reviewed documentation to determine compliance:</p> <p data-bbox="240 799 684 860">Adelphoi Village PREA Policy Pennsylvania Child Protective Services Law</p> <p data-bbox="240 925 344 954">Interview:</p> <p data-bbox="240 983 654 1043">Interview with VP of Residential Services Interview with Unit Director</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy states that HSIL shall ensure all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations of sexual abuse and harassment are protected from retaliation in accordance with Adelphoi Village PREA Policy.</p> <p>Protective measures may include room changes, or transfers for residents, (regardless if they are victims or abusers) removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting abuse, sexual abuse, and/or sexual harassment or for cooperating with investigations. The PREA Policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The Unit Director has been named by the policy as the staff person charged with monitoring retaliation against staff or youth. Monitoring at the facility will continue for at least ninety (90) days following a report of sexual abuse. Items that will be monitored include any resident disciplinary reports, unit or programming changes, negative performance reviews, and reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.</p> <p>Interviews with the Unit Director indicated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, a safety plan would be required, which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment or suspension. It could include moving the resident's room, or program. They stated that the facility would expect that actions would be taken immediately to ensure the resident or staff member was safe. It is the expectation of the facility that the resident would be monitored for at least ninety (90) days or until the resident's release from the facility. This is documented. During interview with the Unit Director, he stated they would conduct daily check-ins with the youth, read the log book, look for any changes in behavior of youth, review all disciplinary logs, and observe youth's interactions with everyone for signs of retaliation. They also stated they would conduct random camera reviews to look for signs of retaliation.</p> <p>There were no incidents of retaliation, known or suspected, during the past twelve (12) months.</p> <p>Reviewed documentation to determine compliance:</p> <p>Adelphoi Village PREA Policy</p> <p>Interview:</p> <p>Interview with Unit Director</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1445 398">Hilltop reports that it did not use post-allegation protective custody during the past twelve (12) months. This is consistent with the agency's PREA Policy to limit the use of isolation to instances of imminent threat or harm. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. Interviews with the Unit Director confirmed the prohibition of segregated housing for this purpose.</p> <p data-bbox="244 432 756 459">Reviewed documentation to determine compliance:</p> <p data-bbox="244 488 539 546">Adelphoi Village PREA Policy Tour of the facility</p> <p data-bbox="244 611 341 638">Interview:</p> <p data-bbox="244 667 512 694">Interview with Unit Director</p>

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Adelphoi Village PREA Policy states any reports (direct, indirect, third-party) received involving sexual abuse and sexual harassment shall be reviewed by the Unit Director or designee to determine if an incident meets the minimum criteria under the guidelines established by Prison Rape Elimination Act. The incident shall be reviewed promptly, thoroughly, and objectively. If the minimum criteria are met, the allegations shall be reported to the Allegheny Township Police who have been trained in sexual abuse investigations involving juvenile victims. There is an MOU with the Allegheny Township Police. The facility does not conduct criminal investigations. The PREA Policy complies with this standard relative to the administrative investigations. Adelphoi Village's investigators completed PREA investigations training and follow the protocols there in when conducting investigations related to the allegations of sexual harassment. The internal administrative investigation is not in lieu of the Department of Human Services investigation and is conducted to determine adherence to policies and procedures. This investigation shall not impede the Department of Human Services investigation. If the allegation of sexual abuse was determined to be substantiated or unsubstantiated, an Incident Review would also be conducted after the investigation was complete. Investigations are not to be terminated should the source of the allegation recant the allegation. The facility will report all allegations, even if the victim recants. All allegations, even if a staff person is no longer employed at the facility, are reported.

As noted in the PREA Policy, HSIL does conduct investigations for allegations of sexual abuse or sexual harassment. Investigations are also completed by Department of Human Services.

Interviews with a representative from Department of Human Services confirmed that all staff complete investigations of sexual abuse and sexual harassment and receive training specific to juvenile sexual abuse victims. The investigator was able to describe the training to this auditor during the phone interview. The investigator stated that all evidence gathered during the investigation is kept within the investigative file and local law enforcement authorities are contacted as necessary.

They gather and preserve direct and circumstantial evidence, interview alleged victims, suspected perpetrators, and witnesses during an investigation. In addition, all reports and video footage of the allegations are also reviewed by investigators during an open investigation. During the interview with the Department of Human Services investigator, they confirmed investigations are not terminated because the source of the allegation recants the allegation. They stated the investigation would continue until a determination is made. They also stated that whenever evidence supports criminal prosecution, the investigation would be turned over to the Allegheny Township Police.

During the interview with the investigator, they noted the alleged victim's credibility will be assessed on an individual basis and not determined by their status as a resident or staff member. They stated that all investigations are conducted in the same manner; investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during each investigation. It was also noted that polygraphs are not utilized during investigations.

There were no residents who reported allegations of sexual abuse during the past twelve (12) months.

Investigative reports note whether staff actions or failures to act contributed to the alleged abuse. Each investigative report is sent to the PREA Coordinator at the conclusion of an investigation and clearly notes if the allegation is substantiated, unsubstantiated, or unfounded. All allegations that are potentially criminal in nature are referred to the Allegheny Township Police. During the past twelve (12) months, there were no allegations of sexual abuse referred to the Allegheny Township Police.

The PREA Policy notes all files are kept as long as the alleged abuser is within Adelphoi Village custody or employed by the agency, plus five (5) years. This was confirmed by the PREA Coordinator.

The investigator noted the departure of an alleged abuser or victim from their employment or control by the facility/agency does not provide a basis for termination of an investigation. They state the investigation would continue until a determination is made.

The PREA Policy notes the facility will cooperate with outside investigators and will remain informed of the investigative process. The Unit Director stated that they maintain contact with the Department of Human Services investigators during an open investigation via telephone calls, e-mails, and on-site visits.

There were no allegations of sexual abuse or sexual harassment during the past twelve (12) months. Interviews with the Unit Director and the Agency PREA Coordinator confirmed the protocols are in place for administrative and criminal investigations.

Reviewed documentation to determine compliance:

Adelphoi Village PREA Policy
MOU with Alleghany Township Police
Monitoring Retaliation Forms
Documentation of Notification to Resident
Review of eight (8) resident files

Interviews:

Interview with Agency PREA Coordinator
Interview with Unit Director
Interview with the PREA Compliance Manager
Interview with representative from Alleghany Township Police
Interview with representative from Department of Human Services

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 453 239">Auditor Discussion</p> <p data-bbox="240 271 1485 432">Adelphoi Village PREA Policy states that Adelphoi Village shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A representative from the Pennsylvania Department of Human Services confirmed this policy is followed for determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Department of Human Services and Allegheny Township Police.</p> <p data-bbox="240 463 1394 521">There were no allegations of sexual abuse and sexual harassment that were referred to Child Line or the Allegheny Township Police Department.</p> <p data-bbox="240 611 756 640">Reviewed documentation to determine compliance:</p> <p data-bbox="240 667 541 696">Adelphoi Village PREA Policy</p> <p data-bbox="240 757 352 786">Interviews:</p> <p data-bbox="240 815 512 844">Interview with Unit Director</p> <p data-bbox="240 848 611 878">Interview with the PREA Coordinator</p> <p data-bbox="240 882 971 911">Phone interview with representative from Department of Human Services</p>

115.373	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy states that juveniles who are currently in the custody of HSIL are entitled to know the outcomes of investigations of their allegations. The facility shall inform the juvenile whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications shall be documented. If the allegation involved a staff member, the facility shall inform the juvenile whenever the staff member is no longer posted within the juvenile's unit, when the staff member is no longer employed at the facility, when the staff member has been indicted on a charge related to sexual abuse within the facility, or when the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation involved another juvenile, the facility shall inform the alleged victim when the alleged abuser has been indicted on a charge related to sexual abuse within the facility or when the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>The Unit Director and PREA Coordinator stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. All notifications are documented. The facility had one (1) allegation of sexual harassment during the past twelve (12) months. It was investigated by a William House Investigator and was substantiated by the investigator. It was not investigated by the Department of Human Services nor reported to the Allegheny Township Police due to not meeting the criteria. The youth was informed of the outcome.</p> <p>Reviewed documentation to determine compliance:</p> <p>Adelphoi Village PREA Policy</p> <p>Pennsylvania Department of Human Services 3800 Child Care Regulations</p> <p>Resident Notification Form</p> <p>Sexual Abuse Incident Review Form</p> <p>Sexual Allegation Investigation Review Form</p> <p>Interview:</p> <p>Interview with the Unit Director</p> <p>Interview with the PREA Coordinator</p> <p>Interview with Investigator</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1493 566">Adelphoi Village PREA Policy states Adelphoi Village employees who violate agency sexual abuse and/or sexual harassment policies or who engage in behavior that contributes to sexual abuse and/or sexual harassment of residents shall be subject to disciplinary sanctions up to and including termination. Sexual misconduct perpetrated by staff is contrary to the policies of Adelphoi Village and professional ethical principles that all employees are bound to uphold. There is no consensual sex in a custodial or supervisory relationship as a matter of law. A sexual act with a resident by a person in a position of authority over the resident is a felony subject to criminal prosecution. Retaliation against a resident who refuses to submit to sexual activity or retaliation against individuals (including witnesses) because of their involvement in the reporting or investigation of sexual misconduct is also prohibited and grounds for disciplinary action including termination and criminal prosecution. Failure of employees to report incidents of sexual misconduct is cause for disciplinary action up to and including termination.</p> <p data-bbox="242 598 1437 689">All dismissals for violations PREA Policy or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation must be reported to law enforcement agencies unless the activity was clearly not criminal and reported to any relevant licensing bodies.</p> <p data-bbox="242 721 1490 813">The Pre-Audit Questionnaire indicated that no staff members were terminated for violating Adelphoi Village's sexual abuse or sexual harassment policies during the past twelve (12) months. This was confirmed during the interview with the Unit Director and interview with the Director of Human Resource.</p> <p data-bbox="242 904 756 931">Reviewed documentation to determine compliance:</p> <p data-bbox="242 960 541 987">Adelphoi Village PREA Policy</p> <p data-bbox="242 1052 341 1079">Interview:</p> <p data-bbox="242 1108 552 1135">Interview with the Unit Director</p> <p data-bbox="242 1142 671 1169">Interview with Director of Human Resource</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1476 398">Adelphoi Village PREA Policy states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with resident and shall be reported to law enforcement agencies and to relevant licensing bodies. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past twelve (12) months.</p> <p data-bbox="242 432 1492 589">The Unit Director stated that the facility would immediately remove the contractor or volunteer from the facility, would contact appropriate authorities, and would not allow them to return until the completion of an investigation. There were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past twelve (12) months; therefore, there was no documentation to review regarding this standard. This was verified by the Director of Human Resource during his interview.</p> <p data-bbox="242 678 758 707">Reviewed documentation to determine compliance:</p> <p data-bbox="242 734 582 797">Adelphoi Village PREA Policy PA Child Protective Services Law</p> <p data-bbox="242 857 343 887">Interview:</p> <p data-bbox="242 913 678 976">Interview with the Unit Director Interview with Director of Human Resource</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Adelphoi Village PREA Policy state that a resident may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, resident-on-resident sexual activity, or following a criminal finding of guilt for resident-on-resident sexual abuse. Any resident that violates these policies is subject to disciplinary sanctions commensurate with the nature and circumstances of the incident. Consideration will be taken into the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed under similar circumstances. Residents are subjected to disciplinary sanctions for contact with staff, if upon investigation, it is determined that the staff member did not consent to such contact. Disciplinary action must be administered in a fair, impartial, and expeditious manner. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions for the abuse. Hilltop has a youth handbook that outlines the behavioral treatment program response for such violations. Based upon the therapeutic nature of these programs, the general tenor of responses was therapeutic in nature.

Interview with the Unit Director confirmed that a resident's mental health is always considered when discipline is imposed for incidents of sexual abuse. In addition, the Unit Director stated the resident's mental health diagnosis is reviewed and considered during Sexual Abuse Incident Reviews following a substantiated or unsubstantiated finding to ensure appropriate discipline was imposed.

Consideration must be given to providing the offending youth therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. However, the facility may not require participation in such interventions as a condition of access to general programming or education.

Interview with Agency Director of Nursing was conducted by this auditor during the on-site portion of this audit. The interview confirmed Hilltop does offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse. The medical staff stated the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives.

There were no allegations of resident-on-resident sexual abuse during the past twelve (12) months.

The PREA Policy states the facility may only discipline a youth for sexual contact with staff upon a finding that the staff member did not consent to such contact. Interviews with the Unit Director confirmed a resident would only be disciplined for sexual contact with a staff member upon finding the staff member did not consent to the sexual contact. There were no incidents of resident-on-staff sexual abuse during the past twelve (12) months. The Unit Director also confirmed that residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. The Unit Director also noted that any suspicion of possible sexual abuse is reported to the ChildLine hotline immediately for investigation.

There were no allegations of sexual abuse during the past twelve (12) months. If there was an incident, the perpetrators would be sanctioned within the program rules. All residents sanctioned would afford daily recreation, therapy, counseling, or other interventions designed to address and correct underlying issues. Adelphoi Village does not use isolation or segregation as a disciplinary measure.

Interviews with the Unit Director and the PREA Coordinator confirmed that the facility does not use isolation and the underlying issues related to the incident would be addressed in therapy. They also stated that a resident making a report in good faith cannot be disciplined according to the PREA Policy.

Reviewed documentation to determine compliance:

Adelphoi Village PREA Policy
Youth Handbook

Interview:

Interviews with Unit Director
Interview with PREA Coordinator
Interview with Agency Director of Nursing

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 533">Adelphoi Village PREA Policy describes in detail that if a resident's intake assessment indicates that they have experienced any prior sexual victimization or have perpetrated sexual abuse, whether it occurred in an institution setting or in the community, the resident will be offered a follow-up meeting with the psychologist, psychiatrist, and/or mental health worker within fourteen (14) days of the intake screening. Documentation of such shall be noted on the resident's Vulnerability Assessment Instrument. Anytime an allegation of sexual abuse occurs, the resident will be taken to UPMC Altoona to be seen by a SANE nurse without financial cost to the resident. Upon return from the hospital, the Director of nursing is to assess for any lingering acute or non-acute physical injuries, as well as any psychological impact of the victimization. Youth admitted to Hilltop are seen by medical staff within twenty-four (24) hours of arrival.</p> <p data-bbox="242 562 1477 656">There were six (6) residents admitted during the past twelve (12) months who disclosed prior sexual victimization during risk screening at intake. All six (6) residents were referred to mental health practitioners for follow up services. During the on-site audit none of these youth were residing at the facility so this auditor was unable to review these files.</p> <p data-bbox="242 685 1493 745">Interviews with the Unit Director and Agency PREA Coordinator confirmed any information from the intake screen is limited to medical and clinical staff. This information is not accessible to direct care staff.</p> <p data-bbox="242 775 1430 869">During the interviews with Unit Director, it was noted they are mandated reporters and are required by law to report any information they receive from a resident relating to sexual abuse. All staff members interviewed stated they inform the resident upon intake of their reporting duties.</p> <p data-bbox="242 898 1485 1028">During interviews the Unit Director and intake staff indicated they were aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with medical and mental health staff within fourteen (14) days of intake. They related that services that are offered include evaluations, developing a treatment plan, and offering on-going services. They were also aware that the residents have the right to refuse a follow-up meeting.</p> <p data-bbox="242 1057 1449 1086">A review of all resident files noted there were no current residents who had disclosed prior victimization during screening.</p> <p data-bbox="242 1093 1481 1223">Per the medical staff interview, youth have access to medical services in the community. When a disclosure of prior abuse occurs, and services are offered by medical and mental health staff, which is documented in the resident's case file. Access to these files is restricted. All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility.</p> <p data-bbox="242 1305 754 1335">Reviewed documentation to determine compliance:</p> <p data-bbox="242 1364 719 1458">Adelphoi Village PREA Policy Vulnerability Assessments of eight (8) residents Log of Admissions for past twelve (12) months</p> <p data-bbox="242 1525 352 1554">Interviews:</p> <p data-bbox="242 1583 695 1713">Interview with Unit Director Interview with PREA Coordinator Interview with the Agency Director of Nursing Interviews with residents</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Adelphoi Village PREA Policy states all allegations of sexual abuse or where there has been penetration or contact between the mouth and penis, vulva or anus; or where there is an injury that may indicate penetration, or contact between the mouth and penis, vulva or anus, the victim will be immediately transported to UPMC Altoona for clinical assessment and gathering of forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse. The outside medical facility's trained Sexual Assault Nurse Examiner (SANE) will make the final determination regarding evidence collection. Staff who can provide support to the victim must accompany the youth. If a youth refuses to be examined at the hospital, such refusal must be properly documented on the appropriate form(s).

Hilltop has a MOU in place with UPMC Altoona to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE) and provide medical/mental health services at no cost to the victim. This MOU was provided to this auditor for review. In addition, this auditor contacted a representative from UPMC Altoona to confirm resident victims are referred to their facility and receive the services noted in the MOU.

There were no residents at the facility who reported sexual abuse involving penetration during the past twelve (12) months. Therefore, there were no residents sent to UPMC Altoona for a forensic examination.

The PREA Policy states to preserve evidence, and an allegation of rape or penetration requires that a youth not be allowed to engage in any activities such as hygiene, washing, bathing, showering, eating, drinking, brushing teeth, chewing gum, and eating or drinking (unless medically necessary). Youth should also be discouraged from urinating or defecating as that may destroy evidence prior to being presented at a hospital for the gathering of such evidence.

All staff members interviewed confirmed the duties of a first responder and were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse.

The PREA Policy states victims of sexual victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. This is in accordance with professionally accepted standards of care, where medically appropriate.

This auditor was able to interview a medical staff, during the on-site portion of the audit, who stated any resident of sexual abuse would be offered information and timely access to emergency contraception and sexually transmitted infections prophylaxis while at UPMC Altoona and during follow up appointments with medical staff at the facility.

PREA Policy states all medical, mental health, and counseling services must be provided at no cost to the youth.

This auditor was able to interview the Unit Director and an agency medical staff member during the on-site portion of this audit and a representative from UPMC Altoona. All interviewed staff confirmed that any victim of sexual assault would be referred to UPMC Altoona and receive medical and mental health treatment at no cost to the victim.

Hilltop has a MOU with the Pennsylvania Coalition Against Rape through the Family Service of Altoona. The Family Service of Altoona is notified by the resident, staff, family and/or the facility. They will send an advocate to the hospital and meet with the victim and guide the victim through the SANE examination, investigation process, interviews, and arrange for counseling and support services for the resident. These services will be at no cost to the resident.

Interviews with the Unit Director and the PREA Coordinator confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services at no cost to the victim. This was confirmed by this auditor by reviewing the MOU with UPMC Altoona and with the Family Service of PA.

Reviewed documentation to determine compliance:

- Adelphoi Village PREA Policy
- MOU with UPMC Altoona
- MOU with Family Service of Altoona
- PREA Response packet
- First Responder Protocol paperwork

Interviews:

- Interview with Unit Director
- Interview with PREA Coordinator
- Interview with Director of Nursing
- Interviews with randomly selected staff

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1487 495">Adelphoi Village PREA Policy state that residents will be offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening. Any resident or resident offender will be assessed and offered follow-up counseling that will be on-going within sixty (60) days of learning about the abuse history. However, the counseling usually occurs the same day staff learn about it. In the event that a sexual assault incident was to occur, the victim would receive services from the community provider as outlined in the statewide MOU. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.</p> <p data-bbox="242 528 1487 622">Interview with the Unit Director and interview with the agency medical staff confirmed all residents are offered a medical and mental health evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). It was noted these evaluations are completed during the resident's first week at the facility.</p> <p data-bbox="242 656 1487 750">Medical and mental health evaluations completed on each resident at the facility include a diagnosis and recommendation. Medical staff interviewed noted if a resident was a victim of sexual abuse in a residential facility, follow-up services would occur more frequently, and recommendations would include more specific follow-up services.</p> <p data-bbox="242 784 1487 878">Interview with the Unit Director confirmed any resident who is a victim of sexual abuse at the facility would be offered timely follow-up for sexually transmitted diseases as part of the follow-up with the community medical provider. This would occur if the victim was tested at the hospital or not.</p> <p data-bbox="242 911 1487 1005">Interview with the Unit Director confirmed the above-mentioned process occurs as detailed in this standard. In addition, they stated the level of the care that a resident receives is consistent with the community level of care. The youth would have the option of community providers for ongoing mental health services.</p> <p data-bbox="242 1084 758 1113">Reviewed documentation to determine compliance:</p> <p data-bbox="242 1146 542 1176">Adelphoi Village PREA Policy</p> <p data-bbox="242 1232 359 1261">Interviews:</p> <p data-bbox="242 1294 662 1384">Interviews with Unit Director Interview with PREA Coordinator Interview with Agency Director of Nursing</p>

115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Adelphoi Village PREA Policy states that within 30 days of the conclusion/receipt of a sexual abuse investigation, the facility shall conduct a Sexual Abuse Incident Review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. The Unit Director shall convene a Review Team consisting at a minimum of upper-level management officials. The Review team shall obtain input from direct supervisors, investigators, medical, mental health professionals, and other employees as appropriate. In addition, the Review Team must:</p> <p>Consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse.</p> <p>Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.</p> <p>Examine the area of the facility where the incident allegedly occurred to access whether the physical layout may enable abuse.</p> <p>Assess the adequacy of staffing levels in that area during different shifts.</p> <p>Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such a report to the Unit Director.</p> <p>The facility must implement the recommendations for improvement or must document its reasons for not doing so.</p> <p>The Unit Director stated the Incident Review Team consists of upper-level management officials. A member of the Incident Review Team was interviewed during the on-site portion of this audit and was able to describe the review process that would take place in the event an allegation of sexual abuse was either Substantiated or Unsubstantiated. He stated the Incident Review Team would convene within thirty (30) days upon the completion of an investigation. Recommendations would include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. This Sexual Abuse Incident Review is headed by the PREA Coordinator.</p> <p>There were no incidents within the past twelve (12) months that have required an incident review.</p> <p>If there is an incident there is a review process that consists of an upper management team. The Regional Program Director and the PREA Coordinator stated that the team convenes and reviews all reports as well as looks at the physical plant where the incident occurred. The team will make their recommendation in their report to the Vice President of Residential Services. All PREA Sexual Abuse Incident Reviews and findings are incorporated into the Annual Report by the Unit Director.</p> <p>Reviewed documentation to determine compliance:</p> <p>Adelphoi Village PREA Policy Sexual Abuse Incident Review Forms</p> <p>Interviews:</p> <p>Interview with PREA Coordinator Interview with Unit Director Interview with Incident Review Team member</p>

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 465">Adelphoi Village PREA Policy states that the PREA Coordinator collects uniform data for all allegations of sexual abuse based on incident reports, investigation files, and incident reviews. The PREA Coordinator aggregates the incident-based sexual abuse data at least annually. The incident-based data collected includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. This survey has not been requested to date. Upon request, Hilltop shall provide all such data from the previous calendar year to the Department of Justice by no later than June 30.</p> <p data-bbox="242 499 1458 591">An interview with the PREA Coordinator indicated that she keeps detailed records for all incidents to generate his annual report and/or data required by the United States Department of Justice. There were no allegations of sexual abuse during the past twelve (12) months. The facility has data but has not been asked for the Annual Sexual Violence form.</p> <p data-bbox="242 678 756 707">Reviewed documentation to determine compliance:</p> <p data-bbox="242 734 541 797">Adelphoi Village PREA Policy 2021 Annual PREA Report</p> <p data-bbox="242 860 341 889">Interview:</p> <p data-bbox="242 916 572 978">Interview with Unit Director Interview with PREA Coordinator</p>

115.388	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 398">Adelphoi Village PREA Policy states that Adelphoi Village shall meet, no less than annually, to review information collected from all Sexual Abuse Incident Reviews and aggregated data included on the Survey of Sexual Violence Summary to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:</p> <ol data-bbox="277 450 1031 546" style="list-style-type: none"> 1. Identifying problem areas 2. Taking corrective action on an on-going basis 3. Preparing an annual report of its findings and corrective actions for BJJS <p data-bbox="242 607 1485 667">Such a report shall include a comparison of the current year's data and corrective actions with those from the prior years and shall provide an assessment of Adelphoi's progress in addressing sexual abuse.</p> <p data-bbox="242 698 1477 857">The annual report shall be approved by the VP of Residential Services and made readily available to the public through the Adelphoi Village website. Specific material is redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Adelphoi Village shall also remove all personal identifiers from the report. The most recent Annual PREA Report (2021) is posted on the Adelphoi Village website and was reviewed by this auditor.</p> <p data-bbox="242 889 1469 981">Upon request, Adelphoi Village provides all program specific data from the previous calendar year to the Department of Justice in the form of the Survey of Sexual Victimization. This survey was completed by the PREA Coordinator and posted on the Adelphoi website.</p> <p data-bbox="242 1012 756 1041">Reviewed documentation to determine compliance:</p> <p data-bbox="242 1072 541 1167">Adelphoi Village PREA Policy PREA Annual Report (2021) Adelphoi Village website</p> <p data-bbox="242 1229 352 1258">Interviews:</p> <p data-bbox="242 1290 572 1350">Interview with Unit Director Interview with PREA Coordinator</p>

115.389	Data storage, publication, and destruction
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1476 365">Adelphoi Village PREA Policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the Adelphoi Village website. Data collected is retained for ten (10) years after the initial collection, unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 394 1476 521">The facility's Annual PREA Report is reviewed and approved by the VP of Residential Services and made available to the public through the Adelphoi website. The PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2021) is posted on the Adelphoi Village website and was reviewed by this auditor.</p> <p data-bbox="242 611 758 640">Reviewed documentation to determine compliance:</p> <p data-bbox="242 669 542 763">Adelphoi Village PREA Policy PREA Annual Report (2021) Adelphoi Village website</p> <p data-bbox="242 826 359 855">Interviews:</p> <p data-bbox="242 884 574 943">Interview with Unit Director Interview with PREA Coordinator</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1477 365">Hilltop was first audited in 2015 during the second year of the first three-year cycle. The facility was re-audited on July 17, 2019, third year of the second three-year cycle and was found to be fully compliant on July 19, 2019. This re-audit occurred during the third year of the 3rd three-year PREA cycle on June 23, 2022.</p> <p data-bbox="244 398 1485 589">The facility provided all requested information via e-mail. The audit notification was posted more than six (6) weeks prior to the on-site portion of this audit (posted on May 4, 2022), and pictures of the notifications posted in all common areas, living units, and the front entrance were submitted to the auditor via email. During the tour of the facility, the notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or residents. This auditor was permitted to and did tour all areas of the facility and was provided a private and confidential area of the facility to complete interviews of residents and staff.</p> <p data-bbox="244 622 1422 678">The facility has met this standard by having its facility audited during the first 3-year cycle. The report is posted on the Adelphoi Village website.</p> <p data-bbox="244 768 754 795">Reviewed documentation to determine compliance:</p> <ul data-bbox="244 824 639 987" style="list-style-type: none"> Pre-Audit Questionnaire Tour of facility Adelphoi Village website PREA Audit Notification Photographs of PREA Audit Notification

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 235">Auditor Discussion</p> <p data-bbox="244 271 1473 360">Final PREA audit report from 2019 is posted on the Adelphoi Village website. The final PREA reports were posted within ninety (90) days of issuance by the auditor. This was confirmed by reviewing the Adelphoi Village website and an interview with the PREA Coordinator.</p> <p data-bbox="244 454 756 481">Reviewed documentation to determine compliance:</p> <p data-bbox="244 510 489 537">Adelphoi Village website</p> <p data-bbox="244 602 341 629">Interview:</p> <p data-bbox="244 658 572 685">Interview with PREA Coordinator</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentially or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	no
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes